

**PSEUDOFOLLICULITIS BARBAE (PFB) SHAVING WAIVER
EVALUATION/DISPOSITION**

NAME: (Last, First, M.I.)

SSN:

MEDICAL OFFICER INITIAL EVALUATION

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No PFB or other medical condition that prevents shaving

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Pseudofolliculitis Barbae (PFB)

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Facial Nodulocystic Acne

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Other:

Name of Medical Office/Rank:

Signature:

Date:

MEDICAL OFFICER/SMDR RECOMMENDATION ON "NO SHAVE"

Due to the medical condition as specified above, NO SHAVING of facial hair is recommended on a temporary basis for:

Specify Period of Time:

Title/Signature/Date

MEDICAL OFFICER/SMDR DOCUMENTATION OF PFB PROTOCOL COMPLETION

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PHASE I

Signature/Title/Date:

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PHASE II

Signature/Title/Date:

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PHASE III

Signature/Title/Date:

FAILURE OF PFB PROTOCOL RECOMMENDATION

This Navy member has failed the established PFB protocol. A permanent "No Shave" status is recommended.

Signature/Title:

Date:

COMMANDING OFFICER DECISION

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A permanent "No Shaving" status is authorized.

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Refer to BUPERS for Administrative Separation.

Name/Rank/Title:

Signature/Date: